

August 18, 2015

Montana Healthcare Programs Notice

Hospital Inpatient, Hospital Outpatient, Critical Access Hospital, Federally Qualified Health Center, and Rural Health Clinic

Effective Immediately

Identification of Ordering and Referring Providers on UB-04 and 837I X12 Transactions

Requirements

The Patient Protection and Affordable Care Act and 42 CFR 455.440 mandates that all State Medicaid Programs require the National Provider Identifier (NPI) of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other health professional.

Montana Medicaid providers are now required to identify ordering or referring physicians or other professionals on claims following the examples below.

Claim Submission UB-04

FL 78 or FL 79: Rendering Provider Qualifier – 82

76 ATTENDI	NG	NPI	QUAL	
LAST			FIRST	
77 OPERATI	NG	NPI	QUAL	
LAST		FIRST		
78 OTHER	82	NPI 1234567891	QUAL	
LAST Jones, MD		FIRST	Brian	
79 OTHER		NPI	QUAL	
LAST		FIRST		

FL 78 or FL 79: Referring Provider Qualifier - DN

76 ATTEND	NG	NPI	OUAL	
LAST			FIRST	
77 OPERATI	ING	NPI	QUAL	
LAST			FIRST	
78 OTHER	DN	NPI 1234567891	QUAL	
LAST J	ones, l	MD	FIRST Brian	
79 OTHER		NPI	QUAL	
LAST			FIRST	

FL 76: Ordering and Attending Provider Are Synonymous With One Another Oualifier – Not Applicable

76 ATTENDING	NPI 1234567891	OUAL	
LAST Jon	es, MD	FIRST	Brian
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

Claim Submission 837I X12

837I X12 for Rendering Provider Must Include Qualifier82

Loop 2310D: NM1*82*1*JONES*BRIAN****XX*1234567891~

837I X12 for Referring Provider Must Include Qualifier DN

Loop 2310F: NM1*DN*1*JONES*BRIAN****XX*1234567891~

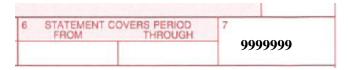
837I X12 Ordering or Attending Provider Qualifier 71

Loop 2310A: NM1*71*1*JONES*BRIAN****XX*1234567891~

Passport and Team Care Number

NOTE: Passport and Team Care Referrals are still required.

FL 7: Passport and Team Care Number



837P X12 for Referring Provider

Loop 2310: REF*9F*999999~

Contact Information

If you have questions regarding the above requirements, please contact Shaunda Hildebrand, Hospital Services Supervisor, at 406-444-4587 or shildebrand2@mt.gov

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Healthcare Programs Provider Information website at http://medicaidprovider.mt.gov/.